

EXPRESS MAIL NO. EL897871424US



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| APPLICATION NUMBER | FILING/RECEIPT DATE | FIRST NAMED APPLICANT | ATTORNEY DOCKET NUMBER |
|--------------------|---------------------|-----------------------|------------------------|
| 09/904,190         | 07/10/2001          | Charles William Rowe  | 900122.425             |

CONFIRMATION NO. 1220

## FORMALITIES LETTER



\*OC000000006469796\*

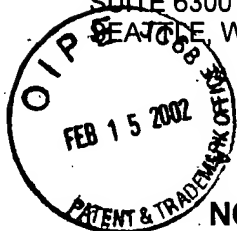
00500

SEED INTELLECTUAL PROPERTY LAW GROUP PLLC

701-FIFTH AVE

SUITE 6300

SEATTLE, WA 98104-7092



Date Mailed: 08/24/2001

## NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

## Filing Date Granted

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing.  
*Applicant must submit \$ 710 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).*
- Total additional claim fee(s) for this application is \$232.
  - \$72 for 4 total claims over 20.
  - \$160 for 2 independent claims over 3.
- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.
- The balance due by applicant is \$ 1072.

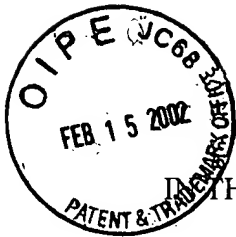
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02 FC:102 168.00 DP  
03 FC:103 72.00 DP  
04 FC:105 130.00 DP



EXPRESS MAIL NO. EL897871424US

PATENT

THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants : Charles William Rowe et al.  
Application No. : 09/904,190  
Filed : July 10, 2001  
For : METHOD AND MATERIALS FOR CONTROLLING MIGRATION  
OF BINDER LIQUID IN A POWDER

Art Unit : 1742  
Docket No. : 900122.425  
Date : February 15, 2002

Box Missing Parts  
Commissioner for Patents  
Washington, DC 20231

RESPONSE TO NOTICE TO FILE MISSING PARTS OF APPLICATION

Commissioner for Patents:

In response to the Notice to File Missing Parts dated August 24, 2001, please find enclosed the following documents:

  X   Fee  
  X   Oath/Declaration and Power of Attorney  
  X   Copy of Notice to File Missing Parts  
      Sheets of Formal Drawings

Respectfully submitted,  
Charles William Rowe et al.  
Seed Intellectual Property Law Group PLLC

  
\_\_\_\_\_  
Susan D. Betcher  
Registration No. 43,498

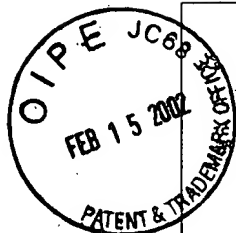
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Approved for use through 10/31/2002. OMB 0651-0031

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# TRANSMITTAL FORM

(To be used for all correspondence after initial filing)

|                      |                      |
|----------------------|----------------------|
| Application Number   | 09/904,190           |
| Filing Date          | July 10, 2001        |
| First Named Inventor | Charles William Rowe |
| Group Art Unit       | 1742                 |
| Examiner Name        |                      |
| Attorney Docket No.  | 900122.425           |

## ENCLOSURES (check all that apply)

|   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input checked="" type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Response<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input checked="" type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement; Form PTO-1449<br><input type="checkbox"/> Cited References<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input checked="" type="checkbox"/> Response to Missing Parts under 37 C.F.R. 1.52 or 1.53<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Request for Corrected Filing Receipt<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input checked="" type="checkbox"/> Power of Attorney<br><input checked="" type="checkbox"/> Declaration<br><input type="checkbox"/> Statement under 37 CFR 3.73(b)<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> CD(s), Number of CD(s) _____<br><input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Return Receipt Postcard<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br><u>Initial Application Data Sheet</u><br><u>Copy of Notice to File Missing Parts</u> |
|---|---|--|

Remarks

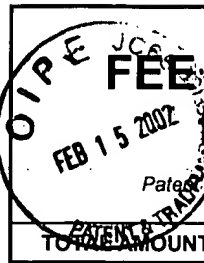
## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                 |                   |   |
|-----------------|-------------------|---|
| Individual Name | Susan D. Betcher  | <br><b>00500</b><br>PATENT TRADEMARK OFFICE |
| Signature       |                   |   |
| Date            | February 15, 2002 |   |



## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on the date specified below.

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| Typed or printed name |  |       |
| Signature             |  | Date: |

|   |  |                          |                      |
|---|--|--------------------------|----------------------|
|  <b>FEE TRANSMITTAL for FY 2002</b><br>Patent fees are subject to annual revision. |  | <b>Complete if Known</b> |                      |
|   |  | Application Number       | 09/904,190           |
|   |  | Filing Date              | July 10, 2001        |
|   |  | First Named Inventor     | Charles William Rowe |
|   |  | Examiner Name            |                      |
|   |  | Group Art Unit           | 1742                 |
| TOTAL AMOUNT OF PAYMENT (\$)  |  | 2,550                    |                      |
|   |  | Attorney Docket No.      | 900122.425           |

| <b>METHOD OF PAYMENT</b><br><input checked="" type="checkbox"/> Payment Enclosed:<br><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other<br><input type="checkbox"/> Deposit Account:<br>Deposit Account Number: 19-1090<br>Deposit Account Name: Seed Intellectual Property Law Group PLLC<br>The Commissioner is authorized to (check all that apply)<br><input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments<br><input type="checkbox"/> Charge any additional fee(s) during the pendency of this application<br><input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee<br><input checked="" type="checkbox"/> Charge any deficiencies<br>to the above-identified deposit account.<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.  |          | <b>FEE CALCULATION (continued)</b><br><b>3. ADDITIONAL FEES</b><br><table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>105</td> <td>130</td> <td>205</td> <td>65</td> <td>Surcharge - late filing fee or oath</td> <td>130</td> </tr> <tr> <td>127</td> <td>50</td> <td>227</td> <td>25</td> <td>Surcharge - late provisional filing fee or cover sheet.</td> <td></td> </tr> <tr> <td>139</td> <td>130</td> <td>139</td> <td>130</td> <td>Non-English specification</td> <td></td> </tr> <tr> <td>147</td> <td>2,520</td> <td>147</td> <td>2,520</td> <td>For filing a request for <i>ex parte</i> reexamination</td> <td></td> </tr> <tr> <td>112</td> <td>920*</td> <td>112</td> <td>920*</td> <td>Requesting publication of SIR prior to Examiner action</td> <td></td> </tr> <tr> <td>113</td> <td>1,840*</td> <td>113</td> <td>1,840*</td> <td>Requesting publication of SIR after Examiner action</td> <td></td> </tr> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>400</td> <td>216</td> <td>200</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>920</td> <td>217</td> <td>460</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,440</td> <td>218</td> <td>720</td> <td>Extension for reply within fourth month</td> <td>1,440</td> </tr> <tr> <td>128</td> <td>1,960</td> <td>228</td> <td>980</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>119</td> <td>320</td> <td>219</td> <td>160</td> <td>Notice of Appeal</td> <td></td> </tr> <tr> <td>120</td> <td>320</td> <td>220</td> <td>160</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>280</td> <td>221</td> <td>140</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>138</td> <td>1,510</td> <td>138</td> <td>1,510</td> <td>Petition to institute a public use proceeding</td> <td></td> </tr> <tr> <td>140</td> <td>110</td> <td>240</td> <td>55</td> <td>Petition to revive - unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,280</td> <td>241</td> <td>640</td> <td>Petition to revive - unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,280</td> <td>242</td> <td>640</td> <td>Utility issue fee (or reissue)</td> <td></td> </tr> <tr> <td>143</td> <td>460</td> <td>243</td> <td>230</td> <td>Design issue fee</td> <td></td> </tr> <tr> <td>144</td> <td>620</td> <td>244</td> <td>310</td> <td>Plant issue fee</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>123</td> <td>50</td> <td>123</td> <td>50</td> <td>Petitions related to provisional applications</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of Information Disclosure Stmt</td> <td></td> </tr> <tr> <td>581</td> <td>40</td> <td>581</td> <td>40</td> <td>Recording each patent assignment per property (times number of properties)</td> <td></td> </tr> <tr> <td>146</td> <td>740</td> <td>246</td> <td>370</td> <td>Filing a submission after final rejection (37 CFR § 1.129(a))</td> <td></td> </tr> <tr> <td>149</td> <td>740</td> <td>249</td> <td>370</td> <td>For each additional invention to be examined (37 CFR § 1.129(b))</td> <td></td> </tr> <tr> <td>179</td> <td>740</td> <td>279</td> <td>370</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td>169</td> <td>900</td> <td>169</td> <td>900</td> <td>Request for expedited examination of a design application</td> <td></td> </tr> </tbody> </table> Other fee (specify) _____ |          | Large Entity   |          | Small           |          | Fee Description | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 105 | 130 | 205                | 65  | Surcharge - late filing fee or oath | 130 | 127 | 50  | 227               | 25 | Surcharge - late provisional filing fee or cover sheet. |     | 139 | 130 | 139              | 130 | Non-English specification |     | 147 | 2,520 | 147                | 2,520 | For filing a request for <i>ex parte</i> reexamination |     | 112 | 920* | 112                    | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840*   | Requesting publication of SIR after Examiner action |  | 115          | 110 | 215            | 55 | Extension for reply within first month |  | 116 | 400     | 216 | 200 | Extension for reply within second month |   | 117 | 920 | 217 | 460    | Extension for reply within third month |   | 118 | 1,440 | 218 | 720 | Extension for reply within fourth month | 1,440 | 128 | 1,960 | 228 | 980 | Extension for reply within fifth month |  | 119          | 320 | 219          | 160 | Notice of Appeal |          | 120      | 320      | 220      | 160      | Filing a brief in support of an appeal |    | 121 | 280 | 221                    | 140 | Request for oral hearing |    | 138 | 1,510 | 138                               | 1,510 | Petition to institute a public use proceeding |     | 140 | 110 | 240                                   | 55 | Petition to revive - unavoidable |    | 141 | 1,280 | 241  | 640 | Petition to revive - unintentional |    | 142 | 1,280 | 242  | 640 | Utility issue fee (or reissue) |  | 143 | 460 | 243 | 230      | Design issue fee        |  | 144 | 620 | 244 | 310 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 740 | 246 | 370 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 740 | 249 | 370 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 740 | 279 | 370 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  |
|---|----------|---|----------|--|----------|-----------------|----------|-----------------|----------|----------|----------|----------|----------|-----|-----|--------------------|-----|-------------------------------------|-----|-----|-----|-------------------|----|---|-----|-----|-----|------------------|-----|---------------------------|-----|-----|-------|--------------------|-------|--|-----|-----|------|------------------------|------|--|--|-----|--------|-----|----------|---|--|--------------|-----|----------------|----|--|--|-----|---------|-----|-----|---|---|-----|-----|-----|--------|--|---|-----|-------|-----|-----|---|-------|-----|-------|-----|-----|--|--|--------------|-----|--------------|-----|------------------|----------|----------|----------|----------|----------|--|----|-----|-----|------------------------|-----|--------------------------|----|-----|-------|-----------------------------------|-------|---|-----|-----|-----|---------------------------------------|----|----------------------------------|----|-----|-------|--|-----|------------------------------------|----|-----|-------|--|-----|--------------------------------|--|-----|-----|-----|----------|-------------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|
| Large Entity  |          | Small   |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 105   | 130      | 205   | 65       | Surcharge - late filing fee or oath  | 130      |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 127   | 50       | 227   | 25       | Surcharge - late provisional filing fee or cover sheet.                    |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 139   | 130      | 139   | 130      | Non-English specification  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 147   | 2,520    | 147   | 2,520    | For filing a request for <i>ex parte</i> reexamination                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 112   | 920*     | 112   | 920*     | Requesting publication of SIR prior to Examiner action                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 113   | 1,840*   | 113   | 1,840*   | Requesting publication of SIR after Examiner action                        |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 115   | 110      | 215   | 55       | Extension for reply within first month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 116   | 400      | 216   | 200      | Extension for reply within second month                                    |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 117   | 920      | 217   | 460      | Extension for reply within third month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 118   | 1,440    | 218   | 720      | Extension for reply within fourth month                                    | 1,440    |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 128   | 1,960    | 228   | 980      | Extension for reply within fifth month                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 119   | 320      | 219   | 160      | Notice of Appeal   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 120   | 320      | 220   | 160      | Filing a brief in support of an appeal                                     |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 121   | 280      | 221   | 140      | Request for oral hearing   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 138   | 1,510    | 138   | 1,510    | Petition to institute a public use proceeding                              |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 140   | 110      | 240   | 55       | Petition to revive - unavoidable   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 141   | 1,280    | 241   | 640      | Petition to revive - unintentional   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 142   | 1,280    | 242   | 640      | Utility issue fee (or reissue)   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 143   | 460      | 243   | 230      | Design issue fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 144   | 620      | 244   | 310      | Plant issue fee  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 122   | 130      | 122   | 130      | Petitions to the Commissioner  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 123   | 50       | 123   | 50       | Petitions related to provisional applications                              |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 126   | 180      | 126   | 180      | Submission of Information Disclosure Stmt                                  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 581   | 40       | 581   | 40       | Recording each patent assignment per property (times number of properties) |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 146   | 740      | 246   | 370      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 149   | 740      | 249   | 370      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 179   | 740      | 279   | 370      | Request for Continued Examination (RCE)                                    |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 169   | 900      | 169   | 900      | Request for expedited examination of a design application                  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>FEE CALCULATION</b><br><b>1. BASIC FILING FEE</b><br><table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>101</td> <td>740</td> <td>201</td> <td>370</td> <td>Utility filing fee</td> <td>740</td> </tr> <tr> <td>106</td> <td>330</td> <td>206</td> <td>165</td> <td>Design filing fee</td> <td></td> </tr> <tr> <td>107</td> <td>510</td> <td>207</td> <td>255</td> <td>Plant filing fee</td> <td></td> </tr> <tr> <td>108</td> <td>740</td> <td>208</td> <td>370</td> <td>Reissue filing fee</td> <td></td> </tr> <tr> <td>114</td> <td>160</td> <td>214</td> <td>80</td> <td>Provisional filing fee</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (1)</td> <td>(\$ 740)</td> </tr> </tbody> </table> <b>2. EXTRA CLAIM FEES</b><br><table border="1"> <thead> <tr> <th colspan="2">Total Claims</th> <th colspan="2">Extra Claims</th> <th colspan="2">Fee from below</th> <th colspan="2">Fee Paid</th> </tr> </thead> <tbody> <tr> <td>24</td> <td>-20** =</td> <td>4</td> <td>*</td> <td>18</td> <td>=</td> <td>72</td> <td></td> </tr> <tr> <td>5</td> <td>-3** =</td> <td>2</td> <td>*</td> <td>84</td> <td>=</td> <td>168</td> <td></td> </tr> <tr> <td colspan="2">Multiple Dependent</td> <td colspan="2">* </td> <td colspan="2">=</td> <td></td> <td></td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> <td></td> </tr> <tr> <td>102</td> <td>84</td> <td>202</td> <td>42</td> <td>Independent claims in excess of 3</td> <td></td> </tr> <tr> <td>104</td> <td>280</td> <td>204</td> <td>140</td> <td>Multiple dependent claim, if not paid</td> <td></td> </tr> <tr> <td>109</td> <td>84</td> <td>209</td> <td>42</td> <td>** Reissue independent claims over original patent</td> <td></td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>** Reissue claims in excess of 20 and over original patent</td> <td></td> </tr> <tr> <td colspan="5">SUBTOTAL (2)</td> <td>(\$ 240)</td> </tr> </tbody> </table> **or number previously paid, if greater; For Reissues, see above |          | Large Entity  |          | Small Entity   |          | Fee Description | Fee Paid | Fee Code        | Fee (\$) | Fee Code | Fee (\$) | 101      | 740      | 201 | 370 | Utility filing fee | 740 | 106                                 | 330 | 206 | 165 | Design filing fee |    | 107   | 510 | 207 | 255 | Plant filing fee |     | 108                       | 740 | 208 | 370   | Reissue filing fee |       | 114  | 160 | 214 | 80   | Provisional filing fee |      | SUBTOTAL (1)   |  |     |        |     | (\$ 740) | Total Claims  |  | Extra Claims |     | Fee from below |    | Fee Paid                               |  | 24  | -20** = | 4   | *   | 18                                      | = | 72  |     | 5   | -3** = | 2                                      | * | 84  | =     | 168 |     | Multiple Dependent                      |       | *   |       | =   |     |  |  | Large Entity |     | Small Entity |     | Fee Description  | Fee Paid | Fee Code | Fee (\$) | Fee Code | Fee (\$) | 103                                    | 18 | 203 | 9   | Claims in excess of 20 |     | 102                      | 84 | 202 | 42    | Independent claims in excess of 3 |       | 104   | 280 | 204 | 140 | Multiple dependent claim, if not paid |    | 109                              | 84 | 209 | 42    | ** Reissue independent claims over original patent |     | 110                                | 18 | 210 | 9     | ** Reissue claims in excess of 20 and over original patent |     | SUBTOTAL (2)                   |  |     |     |     | (\$ 240) | SUBTOTAL (3) (\$ 1,570) |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 101   | 740      | 201   | 370      | Utility filing fee   | 740      |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 106   | 330      | 206   | 165      | Design filing fee  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 107   | 510      | 207   | 255      | Plant filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 108   | 740      | 208   | 370      | Reissue filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 114   | 160      | 214   | 80       | Provisional filing fee   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| SUBTOTAL (1)  |          |   |          |  | (\$ 740) |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Total Claims  |          | Extra Claims  |          | Fee from below   |          | Fee Paid        |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 24  | -20** =  | 4   | *        | 18   | =        | 72              |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 5   | -3** =   | 2   | *        | 84   | =        | 168             |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Multiple Dependent  |          | *   |          | =  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Entity  |          | Small Entity  |          | Fee Description  | Fee Paid |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Fee Code  | Fee (\$) | Fee Code  | Fee (\$) |  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 103   | 18       | 203   | 9        | Claims in excess of 20   |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 102   | 84       | 202   | 42       | Independent claims in excess of 3  |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 104   | 280      | 204   | 140      | Multiple dependent claim, if not paid                                      |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 109   | 84       | 209   | 42       | ** Reissue independent claims over original patent                         |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 110   | 18       | 210   | 9        | ** Reissue claims in excess of 20 and over original patent                 |          |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| SUBTOTAL (2)  |          |   |          |  | (\$ 240) |                 |          |                 |          |          |          |          |          |     |     |                    |     |                                     |     |     |     |                   |    |   |     |     |     |                  |     |                           |     |     |       |                    |       |  |     |     |      |                        |      |  |  |     |        |     |          |   |  |              |     |                |    |  |  |     |         |     |     |   |   |     |     |     |        |  |   |     |       |     |     |   |       |     |       |     |     |  |  |              |     |              |     |                  |          |          |          |          |          |  |    |     |     |                        |     |                          |    |     |       |                                   |       |   |     |     |     |                                       |    |                                  |    |     |       |  |     |                                    |    |     |       |  |     |                                |  |     |     |     |          |                         |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |

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| <b>SUBMITTED BY</b> |   | <b>Registration No.</b> |        | <br><b>00500</b><br>PATENT TRADEMARK OFFICE |
| Name (Print/Type)   | Susan D. Betcher  | Attorney/Agent          | 43,498 |  |
| Firm Name/Address   |   |                         |        |  |
| Signature           |  |                         |        |  |
| Date                | February 15, 2002   |                         |        |  |